

**DECLARATION AND POWER OF ATTORNEY  
UNDER 35 USC §371(c)(4) FOR  
PCT APPLICATION FOR UNITED STATES PATENT**

As a below named inventor, I hereby declare that  
my residence, post office address and citizenship are as stated below under my name;

I verily believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought, namely the invention entitled: MICROELECTRONIC COMPONENTS AND ELECTRONIC NETWORKS COMPRISING DNA

described and claimed in international application number PCT/IL98/00329 filed July 14, 1998.

I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose to the Office all information known to me to be material to patentability as defined in Title 37, Code of Federal Regulations §1.56.

Under Title 35, U.S. Code §119, the priority benefits of the following foreign application(s) filed by me or my legal representatives or assigns within one year prior to my international application are hereby claimed:

Israel Patent Application No. 121312 filed July 14, 1997

The following application(s) for patent or inventor's certificate on this invention were filed in countries foreign to the United States of America either (a) more than one year prior to my international application, or (b) before the filing date of the above-named foreign priority application(s):

I hereby appoint the following as my attorneys of record with full power of substitution and revocation to prosecute this application and to transact all business in the Patent Office:

James A. Oliff, Reg. No. 27,875; William P. Berridge, Reg. No. 30,024;  
Kirk M. Hudson, Reg. No. 27,562; Thomas J. Pardini, Reg. No. 30,411;  
Edward P. Walker, Reg. No. 31,490; Robert A. Miller, Reg. No. 32,771;  
Mario A. Costantino, Reg. No. 33,565; and Caroline D. Darnison, Reg. No. 24,494.

**ALL CORRESPONDENCE IN CONNECTION WITH THIS APPLICATION SHOULD BE SENT TO OLIFF & BERRIDGE, PLC, P.O. BOX 19928, ALEXANDRIA, VIRGINIA 22320, TELEPHONE (703) 836-6400.**

I hereby declare that I have reviewed and understand the contents of this Declaration, and that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

1	Typewritten Full Name of Sole or First Inventor	Erez	BRAIN	
		Given Name	Middle Initial	Family Name
2	Inventor's Signature	Erez Brain		
3	Date of Signature	03	26	2000
		Month	Day	Year
	Residence:	Haifa	ISRAEL	
		City	State or Province	Country
	Citizenship:	Israel		
	Post Office Address: (Insert complete mailing address, including country)	Hagall Street 96 Neve Shaanan, 32684 Haifa, ISRAEL		

**Note to Inventor: Please sign name on line 2 exactly as it appears in line 1 and insert the actual date of signing on line 3.**

IF THERE IS MORE THAN ONE INVENTOR USE PAGE 2 AND PLACE AN "X" HERE ☐

BEST AVAILABLE COPY

11/00/0

(Discard this page in a solo inventor application)

200  
1 Typewritten Full Name  
of Joint Inventor

2 Inventor's Signature:

3 Date of Signature:

Residence:

Citizenship:

Post Office Address:  
(Insert complete mailing  
address, including country)

Yoav

Given Name

Middle Initial

EICHEN  
Family Name

Month

Day

Year

Haifa

City

State or Province

ISRAEL  
Country

Get Levin Street 23

Ramat Sapir, 32922 Haifa, ISRAEL

300  
1 Typewritten Full Name  
of Joint Inventor

2 Inventor's Signature:

3 Date of Signature:

Residence:

Citizenship:

Post Office Address:  
(Insert complete mailing  
address, including country)

Uri

Given Name

Middle Initial

SIVAN  
Family Name

Month

Day

2000  
Year

Haifa

City

State or Province

ISRAEL  
Country

Bikstein Street 53A

34502 Haifa, ISRAEL

400  
1 Typewritten Full Name  
of Joint Inventor

2 Inventor's Signature:

3 Date of Signature:

Residence:

Citizenship:

Post Office Address:  
(Insert complete mailing  
address, including country)

Gedalyahu

Given Name

Middle Initial

BEN-JOSEPH  
Family Name

Gedalyahu Ben Yosef

Month

Day

2000  
Year

Haifa

City

State or Province

ISRAEL  
Country

Derech Hayyim Street 70

34746 Haifa, ISRAEL

1 Typewritten Full Name  
of Joint Inventor

2 Inventor's Signature:

3 Date of Signature:

Residence:

Citizenship:

Post Office Address:  
(Insert complete mailing  
address, including country)

Given Name

Middle Initial

Family Name

Month

Day

Year

City

State or Province

Country

Note to Inventor: Please sign name on line 2 exactly as it appears in line 1 and insert the actual date of signing on line 3.

This form may be executed only when attached to the first page of the Declaration and Power of Attorney of the application to which it pertains.

BEST AVAILABLE COPY